

SECOND NOTICE: CORPORATION WITH NO FEES PAID FOR THE YEAR 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF LAPSED); MINIMUM AMOUNT DUE TO REINSTATE: \$375

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # PA5000082480
1. Corporation Name SPECIAL MEDICAL ASSETS PORTFOLIO, INC.

Principal Place of Business
P.O. BOX 9743
Ft. Lauderdale, FL 33310

Mailing Address
Same

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	<u>10/26/95</u>	<u>09/09/96</u>
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	<u>65-0628638</u>	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
		7. Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Benjamin L. Henschel
P.O. BOX 9743
Ft. Lauderdale, FL 33310
Boca Raton, FL 33433

10. Name and Address of New Registered Agent
81 Name Benjamin L. Henschel
82 7320 Andorra Place
83 Boca Raton
84 City Boca Raton FL 85 Zip Code 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
	<u>Benjamin L. Henschel</u>	1.2 NAME	<u>7320 Andorra Place</u>
STREET ADDRESS	<u>P.O. BOX 9743</u>	1.4 CITY - ST - ZIP	<u>Boca Raton, FL 33433</u>
CITY - ST - ZIP	<u>Ft. Lauderdale, FL 33310</u>	2.1 TITLE	NAME
		2.2 NAME	<u>9853 NW 14th Ct</u>
		2.4 CITY - ST - ZIP	<u>Coral Springs, FL 33065</u>
		3.1 TITLE	NAME
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	NAME
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	NAME
		5.2 NAME	<u>700002199517</u>
		5.3 STREET ADDRESS	<u>-06/03/97--01044--006</u>
		5.4 CITY - ST - ZIP	<u>***660.00</u>
		6.1 TITLE	NAME
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Benjamin L. Henschel
Date 11/2/97 Daytime Phone # (954) 93-8154

CR2E034 (3/95)